



ELECTRONIC MEDICAL DOCUMENT INTEROPERABILITY (EMDI) EMDI Workgroup Meeting Minutes

DATE:	11/21/2019	TIME:	3:00 PM – 4:00 PM ET
LOCATION:	Teleconference		
DIAL-IN #	+1 (312) 757-3121	ACCESS CODE:	979 370 477
CHAIR:	Ray Wilkerson (Scope Infotech)	RECORDER:	Briana Barnes (Scope Infotech)

Attendees

CMS	AMEDISYS	APRIA	BRIGHTREE
Christopher Lofts	Ed Swan	Zane Schott	Kim Catts
Candrea Smith			
BRYJ INC.	CAREMESH	EHEALTH EXCHANGE	ELECTROMED
Mike Hurley	Catherine Thomas	Katie	Stephanie Labelle
EMI ADVISORS	KNO2	MEDALLIES	OPTUM
Lynette Elliott	Alan Swenson	Sheila Conciatori	Joseph Quinn
		Holly Miler	
SCOPE INFOTECH			
Nandini Ganguly			
Pallavi Talekar			
Ray Wilkerson			

Absentees

CERNER	CHANGE HEALTHCARE	DIRECTTRUST	EPIC
Hans Buitendijk	Mario Jarrin	Scott Stuewe	Jeremy Akins
John Travis	Nilo Mehrabian		Vassil Peytchev
	Laura Coughlin		
HEALTHSPASH	HEMOCARE HOMEBASE	HYLAND ONBASE	LINCARE
Roxie Murray	Neal Reizer	Scott Magers	Kelley Gullo
			Jeff Jackson
			Bill Moran
			Jenna Pedersen
			Stephanie Sisco
MEDSIDE	NETSMART	NEWWAVE	SOMNOWARE
Victor Vaysman	Andy Fosnacht	Joshua Myers	Ravi Kumar Chandran
		Aaron Seib	
		Rajan Vignesh	
SUNCOAST RHIO			
Louis Galterio			
Srujay Setty			
Christopher Sullivan			

MINUTES
<p>1. Welcome</p> <p>a. Ray Wilkerson discussed the agenda for the workgroup: Year End Review of 2019 Workgroup Topics, EMDI Environmental Scan, and EMDI in 2020.</p>
<p>2. EMDI Workgroup Year End Review</p> <p>a. Ray Wilkerson provided an overview of the EMDI Workgroup topics in 2019:</p> <ul style="list-style-type: none"> i. January: Education Series Kickoff and Proposed Rules Review ii. February: EMDI Measures Review and Pilot Requirements Review iii. March: CMS and Office of the National Coordinator (ONC) Proposed Rules

MINUTES

- iv. April: Reducing Provider Burden and Durable Medical Equipment (DME) Electronic Prescribing (eRx) on Fast Healthcare Interoperability Resource (FHIR) Initiation
 - v. May: 360Exchange (360X) via Direct Overview
 - vi. June: DirectTrust on 360X
 - vii. July: CMS and ONC Proposed Rules: Comment Review
 - viii. August: Interoperability Hurdles
 - ix. September: How to Overcome Interoperability Hurdles
 - x. October: CMS Final Discharge Planning Rule and Healthcare Information and Management Systems Society (HIMSS) Review
 - xi. November: Year End Review and EMDI Measure Tool
- b. Ray Wilkerson provided an overview of the EMDI updates in 2019:
- i. January: Initiation of EMDI measure collection
 - ii. February: Attended HIMSS 2019 and published EMDI measures
 - iii. March: Created the EMDI measures tool
 - iv. April: The EMDI initiative initiated the DME eRx Program
 - v. May: Published the baseline of the EMDI Pilot Guide
 - vi. June: Published the EMDI Program Guide version 3.7
 - vii. July: Released EMDI Pilot Guide version 1.1 to include pilot requirements
 - viii. August: Created participants feedback tool for measures and workgroups
 - ix. September: Updated the CMS.gov website with the latest EMDI content
 - x. October: Created the EMDI environmental scan
 - xi. November: Provide a demonstration of the EMDI environmental scan
- c. The key takeaways from the 2019 EMDI Workgroups were the ONC and CMS Proposed Rules, MedAllies on Direct 360X, Direct Trust on 360X, and the CMS Final Discharge Rule:
- i. ONC and CMS Proposed Rules: Ray Wilkerson applauded EMI Advisors (EMDI subject matter experts) as the policy drivers for the EMDI team to continue with aligning them with Health IT-related policies that helps with progress on the EMDI pilots, identify standards, and accomplish interoperability. The ONC proposed rules included updates of the existing 2015 Edition certification criteria regarding the exchange of electronic health information (EHI), information blocking provisions of the 21st Century Cures Act, and a request for information regarding EHI and pricing. CMS rules proposed for claims and encounter data to follow the patient, required electronic notifications for admissions, discharges and transfers (ADTs), required availability of provider directories via open Application Program Interfaces (APIs), and included requests for information regarding patient matching and health IT adoption in post-acute care. Alan Swenson stated that the White House Office Management and Budget (OMB) released the 2019 Fall Regulatory Agenda where they provide regulations on the proposed rules in the upcoming year. He noted that there is an expectancy of ONC releasing a rule (ONC rule 0955-AA01: https://www.reginfo.gov/public/do/eAgendaMain?operation=OPERATION_GET_AGENCY_RULE_LIST¤tPub=true&agencyCode=&showStage=active&agencyCd=0900&Image58.x=59&Image58.y=13&csrf_token=36DCEFAC7A71585562DD20B54F40A0E558B017F0633708806DFDFE1F9A4F868B02DA9B2A78D7B3C04A5712F2CF7F0C81A054) by the end of this year (this will be implemented in 2020); CMS status (CMS-9115-F) was updated as 'long term action', which means that they are not expecting CMS to release a rule within the next 12 months: https://www.reginfo.gov/public/do/eAgendaMain?operation=OPERATION_GET_AGENCY_RULE_LIST¤tPubId=201910&showStage=longterm&agencyCd=0900&Image58.x=49&Image58.y=11&csrf_token=36DCEFAC7A71585562DD20B54F40A0E558B017F0633708806DFDFE1F9A4F868B02DA9B2A78D7B3C04A5712F2CF7F0C81A054
 - ii. MedAllies on Direct 360X: Ray Wilkerson thanked the MedAllies team for providing an overview of 360X, piloting with EMDI, and for their upcoming participation in the HIMSS 2020 Interoperability Showcase. Dr. Holly Miller stated that the Kno2, Epic, Qvera, eClinical Works, and MatrixCare will be active participants in the HIMSS iOS interoperability showcase. DirectTrust, ONC, and Integrating the Healthcare Enterprise (IHE) are sponsors of this demonstration. The EMDI team is exploring 360X via Direct as a standard with MedAllies and CMS. 'The primary goal of 360X is to improve patient care across referrals by standardizing the type of data exchanged and method of transport; having transparency between the primary care provider and specialty offices regarding the progress of the

MINUTES	
iii.	consultation/gaps in care; creating a process with a low technical bar for entry and for implementation to create broad rapid adoption across EHR vendors and clinical practices; and adding value to patients, clinicians, office staff and overall clinical workflows.'
iii.	DirectTrust on 360X: 'There are over 1.9 million DirectTrust addresses, 167 thousand organizations that are served by DirectTrust Health Information Service Providers (HISPs), 164 million transactions between DirectTrust endpoints, and 265 thousand patients enabled to exchange electronic health information through DirectTrust. DirectTrust provides many benefits, like assisting providers with having a relationship with HISPs within a trust bundle. The DirectTrust can be added as an additional security aspect of the EMDI use cases and workflow. The advantage of the trust bundle is for providers to communicate with one another using a single agreement.'
iv.	CMS Final Discharge Rule: CMS issued a final rule on 09/30/2019 to revise the discharge planning conditions of participation (CoPs) for hospitals, critical access hospitals and home health agencies that would implement the discharge planning requirements of the Improving Medicare Post-Acute Care Transformation (IMPACT Act) of 2014. For patients discharged and referred for HHA services, or for patients transferred to a Skilled Nursing Facilities (SNF), Inpatient Rehabilitation Facilities (IRF) or Long-Term Care Hospitals (LTCH), hospitals must also: develop and implement an effective discharge planning process; for patients transferred to another HHA or discharged to a PAC, provide patients and their caregivers assistance in PAC provider selection, including the sharing of HHA, SNF, IRF or LTCH data on quality and resource use measures; provide all necessary medical information pertaining to the HHA patient to the receiving PAC, facility or health care practitioner; and comply with requests for additional clinical information made by the receiving facility or health care practitioner.
3. EMDI Environmental Scan	
a.	Ray Wilkerson provided an overview of the EMDI Environmental Scan. It was noted that this scan should be done before and after implementing interoperability (i.e., before implementing an EMDI pilot and after implementing a pilot). This scan assists with understanding how one's workflow can be enhanced, reducing provider burden, and improving the quality of provider communication.
b.	Christopher Lofts (EMDI's CMS Contracting Officer's Representative) discussed the importance of the EMDI measures and thanked all participants that has been partaking in the EMDI pilots and workgroup. CMS would like to learn best practices and practices that are not the best in interoperability and the only way to retrieve such information is through the pre- and post-pilot measures.
c.	All organizations within EMDI can take the environment scan, not just the organization participating in a pilot.
d.	Ray Wilkerson provide a demonstration of the scan. The scan is mobile friendly and fairly simple to take. All of the information will be confidential between the respondent, the EMDI team, and CMS. There will be a different list of questions per the organization type.
e.	This scan can help organizations get their message heard from CMS. The pre- and post- responses will be generated as a report and provided to CMS to educate them on the interoperability workflows.
4. EMDI Workgroup in 2020	
a.	The frequency of the EMDI Workgroup will decrease in 2020, but the EMDI team will continue to meet with participants via common check-ins and pilot status calls. The frequency of the EMDI workgroup has not been finalized yet (i.e., bimonthly or quarterly), but the EMDI team would like participants to provide them with future workgroup topics.
b.	In the meantime, the EMDI team will begin implementing EMDI webinars. The goal of the webinar is to increase the number and type of EMDI participants and to promote the submission of EMDI measures, which will increase the sample data collected in the EMDI Environmental Scan. Dr. Holly Miller asked if the webinars will be recorded. Ray Wilkerson replied yes, the webinars will be recorded and will be shared with the webinar attendees.
5. Next Steps	
The December 2019 EMDI Workgroup will be cancelled. The next EMDI Workgroup has not been scheduled as of yet.	

DECISIONS MADE
1. None.

RISKS
1. None discussed.

ISSUES
1. None noted.

AI#	ACTION ITEMS	RESPONSIBLE PERSON	DUE DATE
	None noted.		

* Action Item numbers are assigned from an internal-facing list and may not be sequential between meetings.

Next Meeting: TBD